

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768327

Entity Name: C.A.P., INC.

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

401 E MARTIN LUTHER KING DR  
TARPON SPRINGS, FL 34689 US

## New Principal Place of Business:

## Current Mailing Address:

401 E MARTIN LUTHER KING DR  
TARPON SPRINGS, FL 34689 US

## New Mailing Address:

FEI Number: 59-2299047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARCHIE, DAVID O  
401 E MARTIN LUTHER KING DR  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: HARRIS, ANTHONY  
Address: 30025 PLAYA DEL REY LANE  
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: SD ( ) Delete  
Name: MILES, MAGGIE  
Address: 534 BERKLEY AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TD ( ) Delete  
Name: COLE, ED  
Address: 430 HIBISCUS STREET, APT. D  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: PR ( ) Delete  
Name: DABBS, ANNIE  
Address: 803 S. DISSTON AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: PORTER, DIANE  
Address: 601 MERES BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: SD (X) Change ( ) Addition  
Name: COLEMAN, ANTOINETTE  
Address: 2012 FERN RIDGE COURT  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TD (X) Change ( ) Addition  
Name: PLUNKETT, ALLEN  
Address: 1004 ROSETREE LANE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: PR (X) Change ( ) Addition  
Name: MILES, MAGGIE  
Address: 534 BERKLEY AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID O. ARCHIE

E.D,

04/23/2009

Electronic Signature of Signing Officer or Director

Date